

# Lake-Sumter Community College

## ATHLETIC INSURANCE POLICY

TO: Intercollegiate Student-Athlete and Guardians

FROM: Mike Matulia, Athletic Director

The purpose of this memo is to explain Lake-Sumter Community College's policy regarding athletic insurance coverage for injuries sustained while participating in the college intercollegiate sports program.

Please read this statement of policy carefully and note that the attached form must be completed and signed by the student-athlete's guardian or spouse and himself/herself. No student-athlete will be permitted to practice or participate in the athletic program until the form is completed, signed and returned to the athletic department.

Our program for student-athletes attending Lake-Sumter Community College provides a very broad coverage without the usual exclusions, limitations or controls. The excess policy will provide benefits up to a maximum of \$15,000 per claim. Claims that are **90 days** past date of accident will not be covered by college insurance; furthermore, medical expenses incurred after **one (1) year** from the date of accident are not covered. Benefits are payable only in **EXCESS** over Primary Insurance, which must contribute its maximum first. The college insurance is secondary and covers the remaining expenses after the primary has covered all its expenses. Some expenses may not be covered by college insurance. The college insurance **does not** cover co-pays, illnesses and non-athletic injuries.

Please note that Lake-Sumter Community College student-athletes will be expected to report all injuries to the Head Athletic Trainer. If the student-athlete fails to report injuries and goes to a physician on their own, the college will not cover the expenses. Student-athletes and/or parents should submit injury claims to their own insurance company. If additional information is requested, please submit as soon as possible. Failure to provide information will delay the processing of a claim by the College/Insurance Company.

We hope that the above explanations will help you to understand the procedures of insurance coverage. We appreciate your cooperation and we want to assure you that our main concern is that your son or daughter is covered in case of an injury during athletic practice or competition. If you have any questions, please call the athletic department.

## **SECTION I: ELGIBILITY FOR ATHLETIC PARTICIPATION**

All student-athletes desiring to participate in intercollegiate athletics must be examined and approved by either the team physician or their own physician, before being permitted to workout with any intercollegiate team. The examination is effective for one year; however, the team physician may re-examine and change the athlete's eligibility status at any time. The student-athlete must present proof to the Head Athletic Trainer for participating prior to drawing equipment or working out as a team candidate. Physicals must be completed on the approved medical evaluation form.

Student-athletes who have sustained injuries to any of the following areas: head, neck, shoulder, knee, back, internal organs, recent (one year prior to becoming a team candidate), fractures, dislocations, subluxations, severe sprains or surgeries are required to report these injuries to the physician whom is performing the pre-participation evaluation. Student-athletes who have had an infectious disease during the previous calendar year must report this illness and are subject to examination by team physician prior to being given permission to becoming a team candidate. Loss of one of any paired organ (kidney, eye, testicles, etc.) shall disqualify the student-athlete from participating on any intercollegiate team sponsored by the athletic department unless the student-athlete receives written permission to participate from the team physician.

## **SECTION II: MEDICAL EXPENSES**

**Lake-Sumter Community College's liability for medical expenses resulting from injuries sustained by student-athletes is on an EXCESS BASIS ONLY with benefits to \$15,000 per claim outlined and authorized by the policy.**

Medical expenses are restricted to those injuries sustained while participating as a member of an intercollegiate athletic team of the college in a regularly scheduled and approved practice session or game. Coverage is extended only while the student-athlete is a full-time student at Lake-Sumter Community College.

**No liability** is assumed by Lake-Sumter Community College for the treatment of such illnesses as colds, sore throats, respiratory infections, skin rashes, GI disorders, allergies, **non-athletic injuries** and etc. Student-athlete and guardian are responsible for these incidents.

### **HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization) Plans**

Enrollment in these types of organizations is growing by leaps and bounds. Guardians who are members of these organizations have payable coverage for their son or daughter, they must use the authorized medical vendors from the list provided to them. Your coverage through our college is **EXCESS** coverage and does contain exclusions for those bills incurred that were “payable” by other insurance plans. If the guardians choose not to use the authorized medical vendors of their plan, they should be aware that their organization will not be able to pay the bill incurred that would have been honored had they used the proper medical vendors.

**LAKE-SUMTER COMMUNITY COLLEGE MAY NOT be able to honor the claim if a parent and/or student-athlete fail to follow their HMO/PPO’s procedures.**

### **SECTION III: AUTHORIZATION FOR MEDICAL SERVICES**

Authorization for medical services as a result of an injury attributable to participating in intercollegiate athletics must be obtained **in advance** of such services. Authorization for the needed medical services is obtained from the Head Athletic Trainer or the Athletic Director in writing on the approved college form. Arrangement for the care of injuries requiring medical attention following the student-athlete’s drop out or graduation must be made with the Athletic Director prior to his/her withdrawal from the program or graduation.

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**Athletic Insurance Policy**

***THE FOLLOWING POLICY AND CONSENT FORMS WILL REMAIN VALID FOR ONE YEAR FROM THE SIGNATURE.***

The following documentation is to be read carefully. If you are under 18 years of age, your parent or guardian must also sign.

I, (Parent, Spouse and/or Athlete) understand the College's responsibility to the student who becomes injured as a result of participation in the intercollegiate sports program at Lake-Sumter Community College, as well as my responsibility to follow the procedures and insurance policy.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete's signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian/Spouse's Signature

**RELEASE FOR TREATMENT**

I, (Parent/Guardian/Athlete) authorize medical treatment for my son/daughter/self in the event that the athlete suffers an injury while participation in intercollegiate athletics. Treatment may be given to my son/daughter/self.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete's signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

**ACCEPTANCE OF RISK AND SHARED RESPONSIBILITY FOR ATHLETE SAFETY**

I understand that passing the pre-participation physical examination does not necessarily mean that I am physically qualified to engage in athletics, but only that the examiner did not find a medical reason to disqualify me from participation. I realize that participation in athletics entails risk of injury, permanent disability, and even death. I understand that I share responsibility of minimizing these risks to myself and others by keeping in the best possible condition and by following the advice of the Team Physicians / Health Care Providers, Athletic Trainers, and Coaches concerning the prevention, treatment, and rehabilitation of athletics injuries or illness. I accept the responsibility of promptly reporting all injuries and illnesses to the Athletic Trainers. I understand that I must provide accurate and honest information regarding my physical condition including all previous history and current medications. I, the undersigned, have read and fully understand the above acceptance of the risk and shared responsibility statement. I acknowledge the fact of these risks, and I am willing to assume responsibility while participation in athletics at Lake-Sumter Community College.

\_\_\_\_\_  
Print Student-Athlete Name

\_\_\_\_\_  
Signature Student-Athlete

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian  
(If under 18 years of age)